



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov

Due no later than: 10/31/2019

Annual Panort: No filing foo if received by the due date

Return completed form within 30 days to P. Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

| Annual Report. No ming lee | Annual Report. No ming fee if received by the due date. | | Phone: (208) 334-2300 | |
|--|---|------------------------------------|--------------------------------------|------------------|
| SOS Control Number: 299255 | Filing Status: Active-Good Standing | | | <u> </u> |
| General Business Corporation (D) | Date Formed: 10/28/1991 | Formation Locale: ID | | 1 |
| Name and Mailing Address: | | (1) Add or Change Mailing Address: | | |
| HAVEN, INC. | | | | |
| 1089 E 1500 N | | | | 1 |
| MUD LAKE, ID 83450 | | | | |
| Registered Agent (RA) and Register | red Office (RO) Address: | (2) Change RA a | and/or RO Address: | |
| 1089 EAST 1500 NORTH | | | | |
| MUD LAKE, ID 83450 | | | | |
| | | | | |
| Note: The Rec | gistered Office address must be a physi | ical idaho address | (no nostal hov) | |
| | | cai icano accies: | s (no postat box). | |
| (3) New Registered Agent (RA) Sign | | em (2) above the ne | w agent must sign here to accept the | annointment |
| (4) Corporations: Enter names and business a | | | | <u> фролиның</u> |
| Title , Name | Business Address | | City, State, Zip | |
| | preecten 108971500 KI | Madlake | 93450 | |
| Present June 1000 C DE | 7 20 70 70 70 70 70 70 70 70 70 70 70 70 70 | - 40 M/K — | 30700 | |
| | | | | |
| | | | | |
| (5) Board of Directors names and business add | dresses (with zip code). Attach additional | sheet if necessary. | | |
| Name | Business Address | · - -· | City, State, Zip | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | <u> </u> | | | |
| 00 4 10 | , , | | | |
| (5) Signature: Shannan (1) | ereleten | (6) Date: // | -4-2019 | |
| (5) Signature: Shannan C. W. (7) Type/Print Name: Shawwow C | Verzecken | (8) Title: pr | esident | |
| Instructions: Legibly complete the form above | | • | | |